

**ANNUAL SMOKE  
CONTROL/REMOVAL SYSTEM  
INSPECTION / TEST REPORT**

**RETURN COMPLETED FORM TO:**

**MIAMI BEACH FIRE PREVENTION BUREAU  
2300 PINETREE DRIVE  
MIAMI BEACH, FLORIDA 33140  
FAX: 305-673-1085**

**ATTENTION: INSPECTOR \_\_\_\_\_**

**All Smoke Control/Removal Equipment systems, actuation devices, control devices and associated components located at the following address have been inspected and/or tested by a Licensed Contractor for proper operation as required by the adopted code/standards at the time of installation and are: (circle one below)**

**OPERATIONAL**

**NOT OPERATIONAL**

**NAME OF BUILDING:**

\_\_\_\_\_

**ADDRESS OF BUILDING:**

\_\_\_\_\_

**TYPE OF OCCUPANCY (SPECIFIC USE):**

\_\_\_\_\_

**NAME OF OWNER OR AGENT:**

\_\_\_\_\_

**ADDRESS OF OWNER OR AGENT:**

\_\_\_\_\_

\_\_\_\_\_

**OWNER OR AGENT TELEPHONE:**

\_\_\_\_\_

**NAME OF CONTRACTOR:**

\_\_\_\_\_

**ADDRESS OF CONTRACTOR:**

\_\_\_\_\_

**CONTRACTOR TELEPHONE:**

\_\_\_\_\_

**PERSON PERFORMING TEST:**

\_\_\_\_\_

**SIGNATURE:**

\_\_\_\_\_

**DATE OF INSPECTION/TEST:**

\_\_\_\_\_

**REMARKS:** \_\_\_\_\_

\_\_\_\_\_

**NOTE: If the system is operational a record shall be maintained and a tag or sticker shall be placed at the system control panel. The tag shall indicate the date, telephone number and name of the company performing the inspection and/or test.**